

Planning & Development

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APPEAL OF AN ADMINISTRATIVE DECISION

We, the undersigned, do hereby submit an application to the Board of Adjustment of the City of Fargo, North Dakota, to hear and decide an appeal of a decision made by an administrative official of the City of Fargo.

Property Owner Information	Representation Information (if applicable)	
Name (printed):	Name (printed):	
Address:	Address:	
	Company	
Primary Phone:	Primary Phone:	
Alternative Phone:	Alternative Phone:	
Fax:	Fax:	
Email:	Email:	
	☐Same as property owner	
Location of property involved in the appealed decision	n (if applicable)	
Address:		
Legal Description (attach separate sheet if more space is needed):		
Item for Appeal (attach separate sheet if more space is n	anded)	
Ttem for Appear (attach separate sheet if more space is in	eeueu)	
-		
Reason for Appeal (attach separate sheet if more space is needed)		



Acknowledgement – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the forgoing information is true and complete to the best of our knowledge.		
Owner (Signature):	Date:	
Representative (Signature):		
Office Use Only		
Date Filed:	Pre-Application Meeting Date:	
Application Complete: Yes No	Reviewed By:	